

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Anna Eshoo for Congress

Full Name (Last, First, Middle Initial)

A. Chet Edwards for Congress

Mailing Address P.O. Box 23273

City	State	Zip Code
Waco	TX	76702

Purpose of Disbursement
ContributionCandidate Name
Chet Edwards

011
Category/ Type

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 17

Transaction ID: B2389

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Ellsworth for Congress

Mailing Address 123 NW 4th Street, Suite 521

City	State	Zip Code
Evansville	IN	47708

Purpose of Disbursement
ContributionCandidate Name
Brad Ellsworth

011
Category/ Type

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 08

Transaction ID: B2397

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Giffords for Congress

Mailing Address P.O. Box 27565

City	State	Zip Code
Tucson	AZ	85726

Purpose of Disbursement
ContributionCandidate Name
Gabrielle Giffords

011
Category/ Type

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 08

Transaction ID: B2398

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)